



Crisis and Emergency Risk Communication

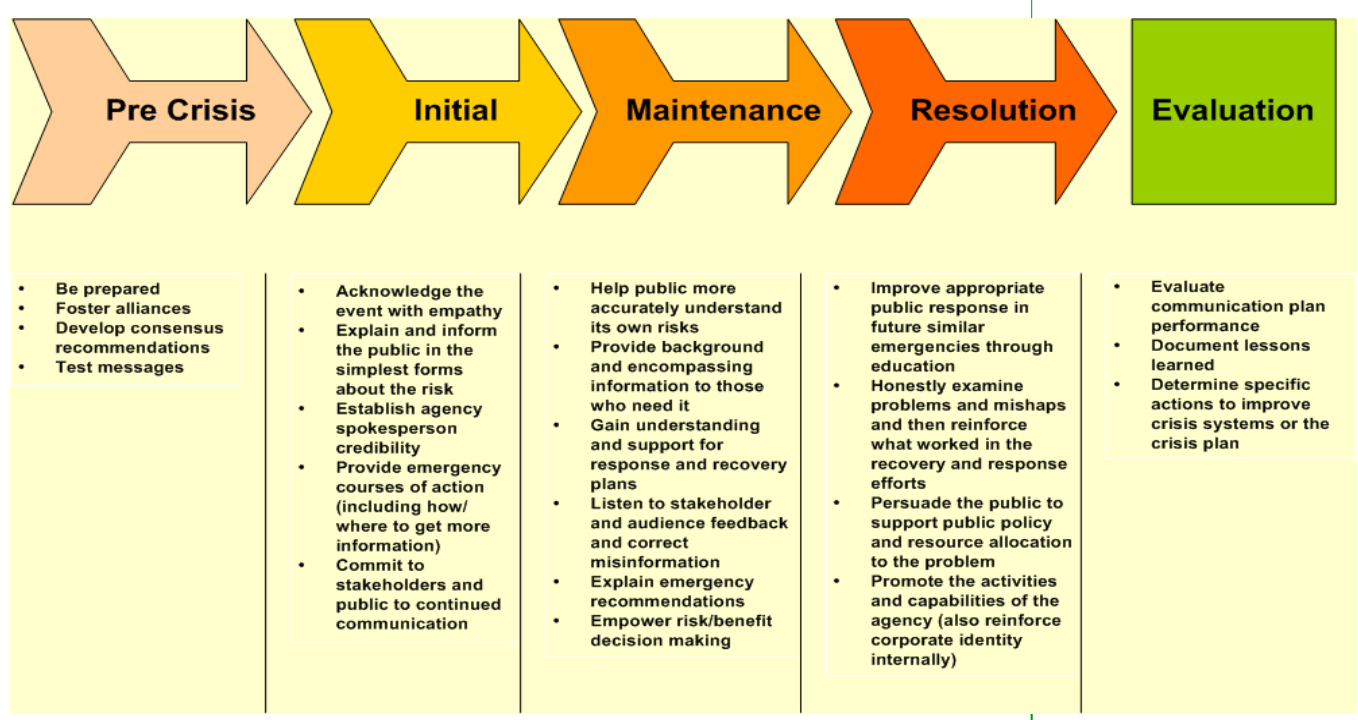
Crises, emergencies and disasters happen. One of the reasons disaster response is difficult to co-ordinate is that disasters are different from routine daily emergencies. The difference is more than just one of magnitude. Disasters generally can not be managed simply by mobilising more personnel and material. During crisis situations, decision makers are often unable to collect and process information in a timely manner and thus rely on established routines for situations that are, by definition, novel. The communication itself must change because crises are inherently low probability but high impact events in which established frames of reference for understanding may breakdown. In major disasters the incident is so shattering that both the sense of what is occurring and the means to rebuild that sense collapse simultaneously. Crisis and emergency risk communication is a vital component to help people cope and begin to rebuild a sense of order and understanding in their lives.

Despite common folk law, panic is not common. People nearly always behave extremely well in a crisis. When told what to do in a crisis we tend to do it. If no one else is in charge we figure it out for ourselves and take calm self protective actions that seem rational and appropriate to us, even if the authorities recommend otherwise. The condition most conducive to panic isn't bad news; it is the conflicting messages from those in authority. People are the most likely to panic when they feel they can not trust what those in authority are telling them or when they feel misled or abandoned in dangerous territory.

To help us to understand and develop sound crisis communication practice the Centers for Disease Control and Prevention has produced a 240 page manual, Crisis and Emergency Risk Communication, available at www.adph.org/RISKCOMMUNICATIONS/CERC%20Book.pdf

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Crisis Communication Lifecycle



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Understanding the pattern of a crisis can help communicators anticipate problems and respond effectively. For communicators it is vital to know that every emergency, disaster or crisis evolves in phases and that the communication must evolve in tandem. By dividing the crisis into the following phases the communicator can anticipate the information needs of the media, stakeholders and the general public. Each phase has its own informational requirements.

Risk Communication Assessment

The initial assessment of the intensity of the crisis event is vital to determine the level of crisis that you are dealing with and how you may want to respond. The following table of Event Evaluation Factors offers a suggested level of activation. With regular reassessment an ongoing event will likely move from one phase to another.

Crisis Level	Crisis Description	Recommended Outcome
A	High intense in the initial phase. The need to disseminate information rapidly to the public and the media is critical. Life and limb will be a risk if the public is not notified about the risk and public health recommendations	Operate 24hrs a day 7 days a week for media and public response, with an expectation that relief and replacement staff will be needed as set out in your Plan
B	Intense. The need to directly provide public health recommendations to the public and media to save life and limb is not immediate. The public and media however, believe that their health and safety are or soon could be at risk. There is a high and growing demand for more information.	Operate 20hrs a day 7 days a week during the initial phase. Set up routine times for media briefings, allow the public to e-mail or leave phone messages during non duty times, and move into maintenance phase when possible. Be prepared to face “initial phase” demands, depending upon developments during the maintenance phase (maintenance phase with bumps)
C	Moderately intense. Media frenzy develops. Interest is generated because of the event novelty versus a legitimate and widespread or immediate public health concern. Interest could die suddenly if a “real crisis” occurred.	Operate 10—12 hrs a day, 5-6 days a week. Assign a single team member for after hour purposes during the initial phase. Operate on weekend if event occurs on a weekend; otherwise use on call staff only on weekends, not during full operation. Attempt to move the media and public to maintenance phases with prescribed times and outlets for updates.
D	Minimally intense. Builds slowly and may continue for weeks, depending upon the outcome of further investigation. Requires monitoring and reassessments	Operate normally in the initial phase while preparing to move to 24hrs a day 7 days a week, if needed. Notify relief and replacement staff that they may be called for duty depending on how the event develops. Do not burn out staff with long hours before the public and media demand escalates. Practice your crisis communication operations during normal duty hours to ensure the system works

Finally, don't ignore the phenomena of vicarious rehearsal. People farther away by distance or relationship from the threat may exercise less reasonable reactions than those who are facing the real crisis. The communication age allows people to vicariously participate in a crisis in which they are not in immediate danger of harm. These people will mentally rehearse the crisis as if they are experiencing it and “try on” the courses of action presented to them.

Because these “arm chair” victims have the luxury of time to decide their chosen course of action they may be much more critical about its value to them. In some cases these people may reject the proposed course of action and choose another or insist that they too are at risk and need the recommended remedy themselves, such as a visit to an emergency room or a vaccination. In its most troublesome form, these “worried well” will heavily tax the response.

Look East for Your Summer Break

Don't feel too downcast if you are asked to work through the summer holiday season this year. NIWA Climatologist Jim Salinger predicts that we are moving into a weak El Nino cycle.

So what does that mean? Lots and lots of westerly winds with showers rather than rain and cold water temperatures. Swimming in the sea might be rather bracing. While cloudy skies might keep the sun away it will not stop the UV rays so keep covered up. With the cooler weather you might want to any way.

For those who do get to have holidays, head for the east coast which will be protected from those pesky westerlies. It will be drier and warmer. If you are determined to go tramping on the West Coast, take a life jacket—you might need it.

Now a little good news. Jim is into making long term predictions not day-to-day forecasts. Your holiday week might be brilliantly warm and fine or miserably cold and wet.

Finally, for those based in the northern half of the North Island, the chances of a tropical cyclone making it to our shores are about the same as normal. That is, we might get 1 or 2 downgraded to a tropical storm by the time they get to us. So happy camping folks.

Triage your Communication as well as your Patients

During a major health emergency, such as the SARS concerns of 2003, those directing the response can't always communicate equally well to everyone so they must decide how to allocate time and personnel - their scarcest resources of all. Just as we triage patients, communicators on the front lines of the emergency must separate "urgent" from "later" tasks. They must decide: Which populations are the most important to reach? When? And what information is the most critical to convey?

To analyse a crisis communication response Caron Chess; Jeff Calia; and Karen M. O'Neill used as a case study the anthrax attacks in New Jersey in 2001, and in particular, the "communication siege" at the Monmouth Postal Processing and Distribution Centre, where erroneous media reports claimed there were two cases of anthrax. Caron Chess is a guest speaker at this November's National Risk Management Conference in Wellington and the full report can be found in *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science 2/2*.



Caron Chess

During the anthrax attacks of 2001 most state and federal resources were directed to a postal facility at Hamilton, which was closed on October 18 after anthrax was diagnosed in a worker there. Both local and national media also falsely reported that two postal workers from the Monmouth facility were "suspect cases". Resultant phone calls, e-mails, and faxes overwhelmed local, county, and state agencies in New Jersey.

Chess, et al, conclude that the response in an area that had no cases of anthrax illustrates the need for communication triage. They found a need for government officials to develop ways to communicate with populations who consider themselves to be at risk, even though they may not be in the immediate area of exposure. Developing criteria for audience triage might also help to define specific secondary audiences. If the state had triaged local media and postal workers as important secondary audiences, media reports would more likely have been accurate.

Responding to the Hamilton crisis, the Centers for Disease Control and Prevention (CDC), the New Jersey Department of Health and Senior Services (NJDHSS), a local health department, and a local hospital not only provided medication to Hamilton 1,500 employees, but they also tackled the difficult job of ensuring compliance with a medical regimen that caused side effects.

While officials worked hard to beat the Hamilton crisis, they viewed Monmouth as behind the lines of the war on terror. But postal workers at Monmouth routinely exchanged mail and personnel with the Hamilton distribution centre, so they saw themselves as also being on the front lines.

Soon after the Hamilton facility was closed, the Monmouth workers began demanding action, including the distribution of antibiotics and assessment of their facility. Some concerned workers went to local hospitals hoping to be "tested" for anthrax. One hospital resisted swabbing as being a poor public health practice, but another hospital performed swabbing and, on October 29, told the local health officer that two workers, including one with respiratory symptoms, had nasal swabs that were positive for *Bacillus* (but not necessarily *Bacillus anthracis*).

Also on October 29, a representative of NJDHSS was scheduled to meet with workers at the Monmouth facility, but at the last minute withdrew so he could meet with the governor and a congressional delegation. Faced with a room of anxious postal workers, the mayor asked a local health official to take the podium. Instead of a representative from NJDHSS addressing workers' concerns and heading off rumours, the local public health officer spoke of two "suspect cases" of workers having anthrax – the wrong terminology.

Reporters from the local *Asbury Park Press* who were on deadline and unable to reach official sources wrote a story based on the account of workers who had attended the meeting and heard of the "suspect cases". One reporter interviewed commented he was frustrated by the difficulty of getting information about the anthrax situation in general, as well as about the meeting in particular. Then CNN picked up the story.



Even if the story had not hit CNN, this misinformation would have had an impact on postal workers; the *Asbury Park Press* served as a primary source of information for postal employees at Monmouth, in part because it was shipped from that facility.

Reacting to the confused messages, two of the Monmouth postal workers went to Court to get an injunction to

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close the Monmouth facility. A case of taking self protective action that seem rational and appropriate to them, even though the authorities recommend otherwise.

The Monmouth experience serves as a cautionary tale about the need to develop ways to communicate with audiences who consider themselves at greater risk than the average citizen. (the worried well) Developing criteria for audience triage might help specify secondary audiences who may not be located in the immediate area of exposure but are nonetheless distinguishable by virtue of demographics, profession, geography, or other salient characteristics

Audience Triage: Identifying and reaching out to Internal Audiences

Not all communication from the anthrax incidents was bad. While state officials were absorbed with the task of managing the Hamilton facility, county and local government, hospitals, and other organizations near the Monmouth facility targeted local audiences. Once again, defining audiences was at least as important as determining messages. For example, the county health department assigned an "ambassador" to meet with mail handlers. Rather than fearing a deluge of calls, she gave out her phone number and encouraged people to tell absent co-workers to call: No one called. The only call was someone from the county mailroom asking about how to clean the mail bins.

The lead communications specialist of a for-profit regional health system (comprised of 3 hospitals and 72 other facilities across two counties) defined their job as prioritizing audiences and synthesizing information – i.e., conducting audience triage. They focused on the system's practitioners, who needed more specific information than could be provided on a generic website.

Faxes, e-mails, and "intranet" websites were targeted to these specialized audiences with information compiled from a variety of sources. Communication triage resulted in a focus on harried physicians, particularly paediatricians and infectious disease doctors.

In addition, as one of the largest employers in the area, this health system saw all its employees as potential sources of information for their communities and provided them with updates. Speedy review by a senior physician was critical to timely release of this information. Routine meetings of a health system task force - composed of physicians with different specialties, administrators, and communication specialists - ensured that decisions about managing anthrax were integrated into communication planning and that communication messages contained accurate information.

Message Triage: Communication about Swabbing

Communication triage determines which messages have priority. In New Jersey, health professionals, workers, and reporters had absorbed information about nasal swabbing that impeded important understanding of current public health practice. Explicit corrections became important.



Anthrax detectors are being installed in US Postal facilities at a cost of US\$800million

The NJDHSS discouraged the use of nasal swabs for assessing patients concerned about exposure to anthrax as they are not a clinically useful tool. The use of nasal swabs in Florida, NYC, DC, and New Jersey during the "outbreak" had been for epidemiologic purposes, in order to help determine where suspicious letters were handled in the work area around a confirmed case.

A message, aimed at public health officials and practitioners, went out saying that the effectiveness of swabbing at detecting exposure was unknown; the exposure didn't necessarily mean infection; and the test was susceptible to false positives.

Organizational Relationships and Communication Triage

Tensions among organizations greatly affected risk communication efforts and complicated communication triage. In geographic areas where there were ongoing positive relationships among local organizations there were fewer problems, but already tense relationships were exacerbated. For example, on one occasion, two different hazardous material teams responded to the same call and had a public row about how to handle a potentially contaminated envelope. In addition, protocols were unclear about which organization had the authority to speak about what, due in part to jurisdictional issues.

Local hospitals in the Monmouth area were competitors who had communicated little prior to or during the anthrax event. Conflicting messages resulted when one hospital reported positive swabs, while another hospital system spent considerable effort resisting pressure to offer "anthrax tests."

State and federal agencies also differed publicly. On October 29, the NJDHSS sent an e-mail to its network asking that CDC messages not be forwarded or acted on "until further direction is provided by the NJDHSS." While this vetting process offered consistency, some found it frustrating. Although coordinated communication among agencies may be ideal, crises by definition make achieving ideals unlikely. In fact, consistency of messages, which shields disagreements from view, may obscure, rather than illuminate, the scientific process and policy decisions.

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As one official pointed out, speaking with one voice is great when everybody agrees; when there is disagreement what is the value of speaking with one voice. Speaking with one voice is a good, it is not the good. One of the values when there is more than one voice is the competition of ideas.

Lessons about Communication Triage

Experienced communication professionals have practiced forms of triage for years before the advent of risk communication. However, Chase, et al, are reluctant to generalize lessons from one study, particularly without data on the response of workers and residents. They offer the following as working hypotheses:

Defining audiences can be as important as defining messages. If you do not consider who most needs and wants information (such as postal workers), you may not be reaching them.

Size may not be the most important criterion for communication triage. Small media outlets may be major sources of information in some communities. To deal with the crush of media attention, the CDC started "tele-briefings" for reporters. In the Monmouth case, NJDHSS might have helped local reporters through a similar innovation.

Explaining contradictions and mistakes may be a priority. NJDHSS unwittingly perpetuated confusion about swabbing by not confronting it head-on. Analysis of CDC's communication and media reporting found that reporters did honour requests by CDC to disseminate specific information "even if the information was repetitive."

Centralization may hinder communication triage. When a representative from NJDHSS was unavailable at the last minute to go to a meeting, the communication gaps widened. An analysis of the CDC's communication also stresses the need for decentralized communication, not merely "top down."

Communication triage may work more effectively within a network of organizations. In the area of the Monmouth facility, a local hospital used its existing electronic systems to update physicians, and a county health official appointed an ambassador to reach out to county mail handlers. Using this model, an informal network of organizations might identify each organization's communication channels and audiences in advance of a crisis. Then, within the network, organizations could more effectively triage communication - for example, a health department could explore forwarding physicians' calls to a hospital hotline, and police could use health departments to screen requests for help. A network of organizations might then adapt and improvise more easily if one organization became overwhelmed.

The "speak with one voice" mantra particularly needs empirical research. Sociologists of risk have found that networks, not hierarchies, characterize response to major disasters. If this holds true for communication, in some situations the goal of speaking with one voice may serve as an institutional barrier to speaking at all.

Beating Murphy's Law

Murphy's law only comes into play when we are under pressure. Little annoyances we so easily brush aside when we have time on our side suddenly become the straws that break the camels back.

Now three boffins from British Gas (a psychologist, economist, and mathematician) have come up with a formula for Murphy's Law.

They say the mathematical equation explains how problems always crop up at the worst possible time, like the water turning cold while you are washing your hair or dropping tea down your front just before a date.

It allows people to calculate the chances of it striking so they can try to avoid events such as dropping toast butter-side down.

The experts – a mathematician, an economist and a psychologist – tested the formula on 1,000 volunteers.

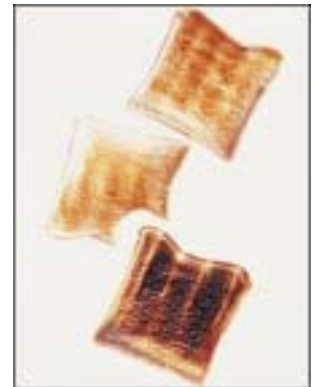
They came up with five variables in any task – **U** for urgency, **C** for complexity, **I** for importance, **S** for skill and **F** for frequency. And there's a constant, **A** for aggravation.

Each variable is scored between 1 and 9, while A is set at 0.7.

The formula is: $((U+C+I) \times (10-S))/20 \times A \times 1/(1-\sin(F/10))$. From that comes a 0-8 score of the probability Murphy's Law will strike.

David Lewis, the psychologist on the British Gas study, said: "To cut gremlins, change one element of the equation. If you haven't the skill to do something, leave it."

So there you have it folks. Next time you get into a bit of a flap just run the Murphy formula through your head and you will know whether to sail on or abandon ship.



Everyone knows Murphy's Law: "Anything that can go wrong, will" - Here are some other less well known laws:

- ☺ Lorenz's Law of Mechanical Repair: After your hands become coated with grease, your nose will begin to itch.
- ☺ Lowery's Law of Home Repair: If it jams, force it. If it breaks, it needed replacing anyway
- ☺ Beach's Law: Interchangeable parts aren't.
- ☺ William's Law: There is no mechanical problem so difficult that it cannot be solved by brute strength and ignorance.
- ☺ Cannon's Karmic Law: If you tell the boss you were late for work because you had a flat tire, the next morning you will have a flat tire.
- ☺ Norman Einstein's Law: If it's stupid but it works, it isn't stupid.
- ☺ Col. Murphy's Law of Combat: Never forget that your weapon was made by the lowest bidder

Terrorism response plan will not protect many Americans

Americans will not be safeguarded in terrorist attacks because existing terrorism response plans don't account for the way people would behave, according to a study released by the Centre for the Advancement of Collaborative Strategies in Health at the New York Academy of Medicine. Current plans have been created in a top down style telling people what to do in the event of an attack without considering all the risks and concerns that drive people's actions. Oh how often are those of us involved in health planning in this country guilty of doing the same thing!!!

The study documents that only two fifths of American people would follow instructions to go to a public vaccination site in a smallpox outbreak and only three fifths would stay inside an undamaged building other than their home after a dirty bomb explosion. It is not that the rest of the people want to be unco-operative said lead investigator Roz Lasker MD, Director of the Centre and the Academy's Division of Public Health. "The problem is that current plans unwittingly put them in extremely difficult decision making predicaments. So even if first responders work out all of the challenging logistics, far fewer people would be protected than the planners want or the public deserves."

If only planners listened to and learned from the public, they could protect many more people."

Though current plans will put many people unnecessarily at risk, immediate actions can be taken to dramatically increase their effectiveness said Lasker. "Our study shows that if planners listened to and learned from the public, they could protect many more people."

Called *Redefining Readiness: Terrorism Planning Through the Eyes of the Public*, this year long study gave the American people their first opportunity to describe how they would react to two kinds of terrorist attacks: a smallpox outbreak and a dirty bomb explosion. The rigorous study involved in depth conversations with government and private sector planners, 14 group discussions with diverse community groups around the country and a telephone survey of 2,545 randomly selected adults in the continental United States. The study report is available on line at www.cacsh.org/eptpp.html

In preparing to respond to a smallpox outbreak planners have focussed almost exclusively on protecting people from catching the potential fatal disease. But the study shows that this isn't the only risk the American people face. Three fifths of the population would be seriously worried about the vaccine – that's twice as many people as would be seriously worried about catching smallpox. Vaccine worries would keep many people away from the vaccination site.

"The public concern about the smallpox vaccine is well founded," said the study co-investigator Alonzo Plough PhD, Director of Public Health in Seattle and King County, Washington. Over 50 million people in this country have

conditions like eczema, pregnancy, or immune system problems that put them at risk of developing severe complications from the vaccine, either from being vaccinated themselves or from coming in contact with someone who has recently been vaccinated.



"Concerns about the vaccine's side effects were the major reason that so few health care workers agreed to be vaccinated in CDC's recent Smallpox Vaccination Programme," Plough said.

The study also showed that two thirds of American people would try to avoid being with other people they don't know in a smallpox outbreak. But this puts people in an awful predicament, because they can't simultaneously isolate themselves and go to a public vaccination site. Two fifths of the population would be afraid of catching smallpox from other people at the site, the study found. One fifth would be afraid of coming in contact with someone who shouldn't be exposed to recently vaccinated people.

In the event of a dirty bomb, the study shows that people need to be protected from more than dust and radiation. They also need to know that they and their loved ones would be safe and cared for in whatever building they happen to be at the time of the explosion. Three quarters of the people who said they would not fully co-operate with the instructions to stay inside the building after a dirty bomb explosion *would* do so if they could communicate with people they care about, or if they were sure that they and their loved ones were in places that had prepared in advance to take good care of them in this kind of situation. But three fifths of Americans know only a little or nothing at all about how people would actually be cared for in these places.

Because current plans to deal with smallpox and dirty bomb attacks create unanticipated problems for the public, a large number of people who should be protected will be unnecessarily harmed if these kinds of attacks occur. Such problems can be avoided by adopting the model plans proposed in the study says co-investigator Otis Johnson, Mayor of Savannah, Georgia. "These model plans reduce the conflicting worries and trade offs that people face, making it possible for many more people to take actions that will protect them and their families.

The study's proposed smallpox plans include specific strategies that protect both the people that are at risk of contracting smallpox and the many people who are at risk of developing serious complications from the vaccine. The study's dirty bomb response calls for the development of safe haven plans in the broad array of places where people are likely to be when an attack occurs, such as work sites, shops, malls, schools, day care centres,

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West Nile Virus Scare in Hawaii. Is New Zealand Next?

Since the entry of West Nile virus (WNV) into the US in 1999 it has tracked right across continental North America far faster than the early settlers managed. But then they did not have the advantage of air transport. Now Alaska and Hawaii are the only regions of the United States to have remained free of West Nile virus infection and its impact on wild birds and humans.

While birds are at high risk, most people who are bitten by an infected mosquito will show no symptoms; others can exhibit flu-like symptoms, which typically last a few days; and for some, the virus has been fatal.

The most significant potential route of entry of WNV into Hawaii is via infected mosquitoes travelling on airplanes from the US mainland. In January 2004, a 2-day workshop was held in Honolulu, Hawaii to assess the potential for the introduction of West Nile virus to the islands and its prevention. The workshop outcome was a proposal that residual disinsection (the use of insecticides that leave a residue on surfaces) should be mandated for the holds of all planes from regions where West Nile virus has been confirmed, including most of the USA.

Then in September a wild sparrow found at Kahului Airport tested positive for West Nile virus in preliminary results. While samples were sent to the Centers for Disease Control and Prevention for more testing, the airport and surrounding area were sprayed for mosquitoes, which spread the virus to humans, birds and other animals. "We need to respond quickly and forcefully to control this potential public health threat to the state," said state epidemiologist Paul Effler.

Subsequent testing of samples at the CDC showed that this was a false alarm and Hawaii remains, for the time being West Nile free and so does New Zealand. But for how long? If an infected mosquito can potentially make it into Hawaii, how long will it be before it travels further west, either directly or by an island hopping aircraft assisted route?

To reduce the chances of the virus getting into Hawaii, several strategies have been adopted.

1) The US Fish and Wildlife Service heads an interagency



Bird-watching
As part of its West Nile virus prevention plan, the state is asking residents to collect dead birds and take them to designated drop-off sites for testing.

These are potential virus carriers that the state wants to examine:

- House sparrows
- Finches
- Bulbuls (red-vented and red-whiskered varieties)
- Mynah
- Cardinal (Brazilian and North American varieties)
- Owls
- Hawks

Source: State Department of Health STAR BULLETIN

The public are being enlisted to help border control

working group that has been working on ways to prevent WNV from reaching Hawaii. These measures include convincing the US Postal Service to stop mailing birds into Hawaii without agricultural inspections, beefing up state quarantine procedures for avian imports, and working with the Hawaii Department of Health (DOH) to enhance mosquito and dead bird surveillance. Current efforts are focused on developing a coherent incident command structure so that a swift response can be implemented should the virus get here.

2) Since 2002, the US Geological Survey has been taking weekly blood samples from wild finches, sparrows, and doves around Honolulu International Airport, Barber's Point, and Dillingham airfields. The USDA Wildlife Services captures these birds around airports to mitigate aircraft bird strike hazards. The USGS is bleeding these birds in efforts to detect WNV activity in areas considered high risk for entry of the virus into the state.

3) The bird that turned up suspect positive was bled on 20 Sep 2004. Weekly serosurveillance and testing of birds continues in Maui and Honolulu.

The study documents the value of letting the American people speak for themselves rather than relying on planners' untested assumptions about what the public cares about and how the public will behave

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and entertainment facilities. That means preparing to keep the people inside fed and safe during the crisis.

The *Redefining Readiness* study documents the value of letting the American people speak for themselves rather than relying on planners' untested assumptions about what the public cares about and how the public will behave. "Because the study's findings about smallpox and dirty bomb attacks are generalisable, planners throughout the country can use this information to strengthen their responses to these situations," Plough said. "Some strategies in the model plans are also applicable to certain natural emergencies, like pandemic influenza, SARS, or an electrical blackout."

Mayor Johnson added that to find out what would matter to the public in other kinds of emergencies planners will need to work directly with the residents of their communities. Fortunately, the study documents that over a third of the American people have a strong personal interest in participating in community and organisational planning. As the study found, putting people in specific and realistic crisis scenarios is an effective tool for engaging the public. Through upcoming demonstration projects, the Centre will provide planners with the information they need to put this kind of public engagement into practice.

The HEMNZ Bulletin is published monthly by the Risk Management Unit of St John Northern Region for all those interested in emergency management in health care settings

Articles and comment on emergency management issues are welcomed

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Check out our Web site at
www.hemnz.org.nz

Up coming Conferences

4 – 6 November 2004
New Zealand Risk Management Society Conference
Te Papa, Wellington
More information from www.risksociety.org.nz

17 - 18 November 2004
North Island CDEM Conference
Sky City Conference Centre, Auckland
Cost: \$440 + GST
More information from
www.aucklandcity.govt.nz/council/documents/defence/conference.asp

18 - 19 November 2004
Health Information Association of New Zealand Conference
Silver Oaks Heritage Resort Motor Lodge, Rotorua
Cost: \$270
More information from www.hianz.org.nz

2 - 3 December 2004
Emergency Management Workshop
"Learning from Sharing"
Brentwood Hotel, Wellington
Cost free
More information from nhep@moh.govt.nz

9 - 10 December 2004
Improving Safety and Security in the Health Workforce
Carlton Crest Hotel, Auckland
Cost AU\$600
More information from www.archi.net.au

Editor's soapbox



The comment in the terrorism plan article on page 6 struck a cord with me - "Current plans have been created in a top down style telling people what to do in the event of an attack without considering all the risks and concerns that drive people's actions." At the same time I was drawn to the statement in the lead Risk Communication article - "People nearly always behave extremely well in a crisis. When told what to do in a crisis we tend to do it."

Both these truisms are valid. In a crisis people want to be told what to do. As long as you have confidence in those doing the telling, it is simpler than having to figure it out for yourself. On the other hand, despite all those jokes from our Australian cousins, we are not sheep and want to have our say in how things are done in our place and we feel most comfortable doing things "our way".

Now we are moving deeper into bringing community and primary services into our planning process and need to work out ways to engage them on their terms. There is no standard approach. As one of the DHBs leading the charge in this stream of work has found, what works in the rural areas does not work in the urban areas.

For those tasked with this consultation, help is at hand. A session at the Emergency Management workshop on December 2 and 3 in Wellington will draw on the experiences of those who received Ministry funding for projects in this area and look at what works and does not work.

The workshop theme is "learning from sharing" and all DHBs have been invited. Try and be there. The learning will be a great platform for your 2005 programme.

Bruce Parkes

A young Scottish lad and lass were sitting on a low stone wall, holding hands, gazing out over the loch. For several minutes they sat silently, then finally the girl looked at the boy and said, "A penny for your thoughts, Angus."

"Well, uh, I was thinkin' perhaps it's aboot time for a wee kiss." The girl blushed, then leaned over and kissed him lightly on the cheek. Then he blushed. The two turned once again to gaze out over the loch. Minutes passed, then the girl spoke again. "Another penny for your thoughts, Angus."

"Well, I was thinkin' perhaps its noo aboot time for a wee cuddle." The girl blushed, then leaned over and cuddled him for a few seconds. Then he blushed. Then the two turned once again to gaze out over the loch. After a while, she again said, "Another penny for your thoughts, Angus."

"Well, I was thinkin' perhaps its aboot time you let me pewt ma hand on yer leg." The girl blushed, then took his hand and put it on her knee. Then he blushed. Then the two turned once again to gaze out over the loch before the girl spoke again.

"Another penny for your thoughts, Angus." The young man glanced down with a furled brow. "Well, noo," he said, "my thoughts are a wee bit more serious this time." "Really?" said the girl in a whisper, filled with anticipation. "Aye," said the lad, nodding.

The girl looked away in shyness, began to blush, and bit her lip in anticipation of the ultimate request. And he said, "Dae ye noo think it's aboot time ye paid me the first three pennies?!"